

Name
in
Full

Edward Needles Bentley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Sandy Spring		Montgomery		MARYLAND	
Date	Month	Day	Year	Months	Days		
of death	1909	Aug.	10	Age	54	10	25
Sex	Male		Color or Race	white		Birth-place	Sandy Spring
Occupation	Merchant (retired)			Where Residing if not at place of death			
Married, Single or Widowed				Name or Wife or Husband			
				Harriet Jackson Chandler			
Father's Name	Richard Thomas Bentley				Father's Birthplace	Sandy Spring	
Mother's Maiden Name	Edith Needles				Mother's Birthplace	Baltimore	
Name of person giving information	H. J. Bentley				How related to deceased	Wife	

CAUSES OF DEATH

55

PHYSICIAN
OR CORONER

Primary	Acromegaly	How long	20 years
Immediate	Dilated Heart & Stomach	How long	2 "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Aug. Stabler	
		Address	
		Brighton	
		Md.	
Accident or Suicide?			

|||||

92
01
9

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

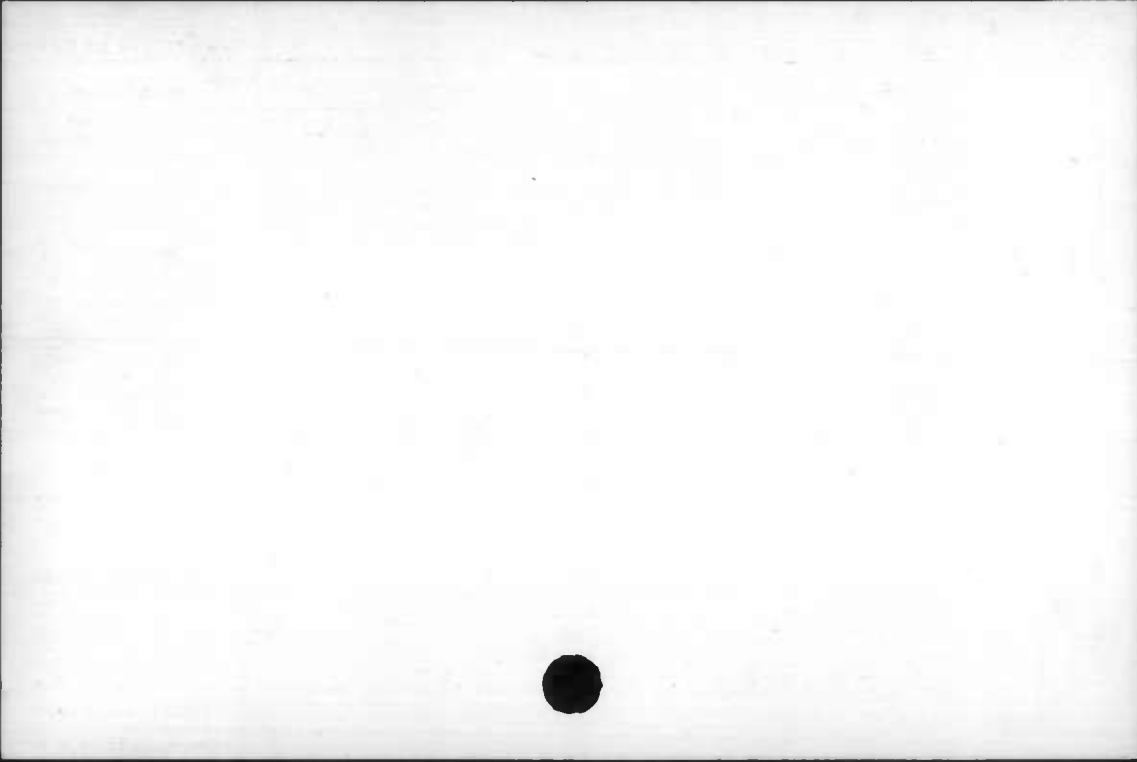
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Aug	25	5	11	11	
Sex	Male	Color or Race	Black	Birthplace	Mont'y Co. Md.		
Occupation	Housework	Where Residing if not at place of death		X			
Married, Single or Widowed	Single	Name of Wife or Husband		X			
Father's Name	X	Father's Birthplace		X			
Mother's Maiden Name	Lena Brown.	Mother's Birthplace		DC			
Name of person giving Information	C. H. Brown.	How related to deceased		Grandfather			

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary	Burns by fire - 3rd degree	How long	
Immediate	Shock	How long	36 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. J. Pratt
		Address	Potomac Md.
Accident or Suicide	Accident		



Name
in
Full

Emma Campbell

CERTIFICATE OF DEATH

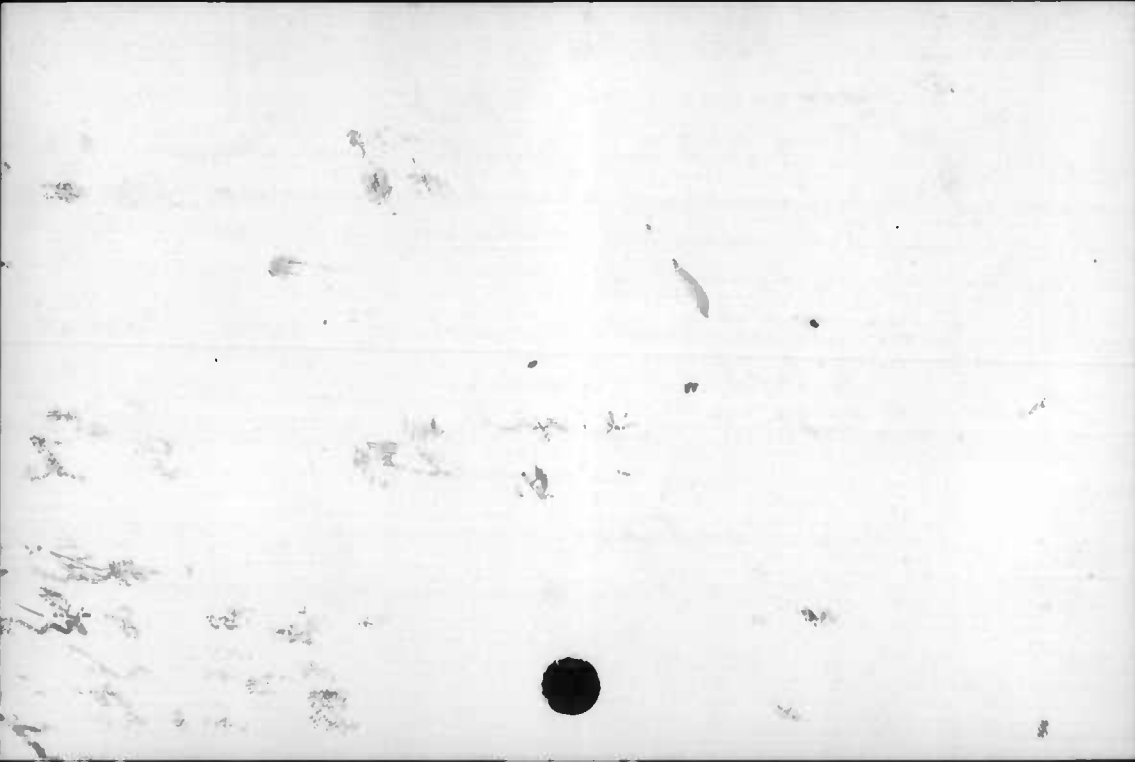
TO BE ANSWERED BY
NEAREST FRIEND

Died at Howard <small>Town</small>		Montg <small>County</small>		MARYLAND	
Date of death 1909 Aug. 27	Aug. <small>Month</small>	27 <small>Day</small>	5 <small>Years</small>	6 <small>Months</small>	3 <small>Days</small>
Sex Female	Color or Race Colored		Birth-place md		
Occupation None		Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Thos Campbell	Father's Birthplace md				
Mother's Maiden Name Sarah Johnson	Mother's Birthplace				
Name of person giving information Thos Campbell	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Meningitis	61 <small>How long</small>	4 days.
Immediate	Convulsions	3 hrs. <small>How long</small>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. J. Brown	
Yes		Address Silver Spring md	
Accident or Suicide?			



Name
in
Full

M. M. Madison Case

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

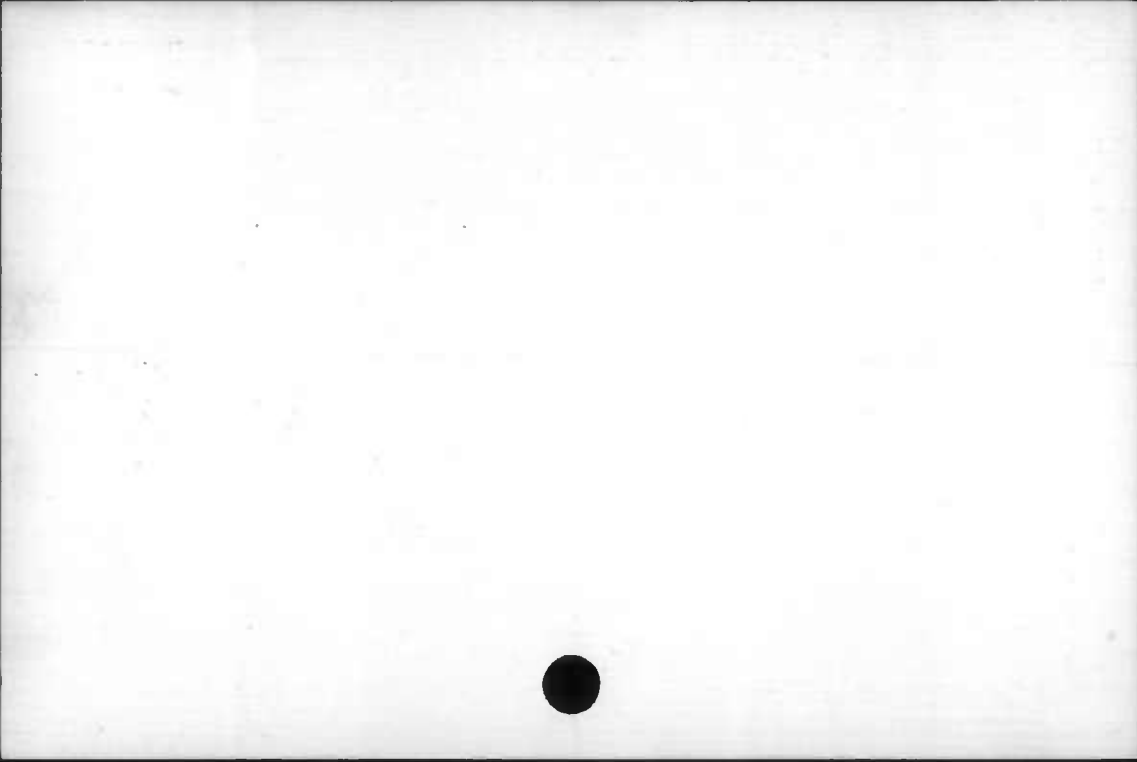
Died at		Town		County		MARYLAND	
Date of death		Month		Year		Months	
190		AUG 15		1909		2	
Age		X		Days		22	
Sex		Male		Color or Race		White	
Occupation		Infant		Birth-place		Montgomery Md.	
Where Residing if not at place of death		X					
Married, Single or Widowed		X		Name of Wife or Husband		X	
Father's Name		James M. Case.		Father's Birthplace		Montgomery Md.	
Mother's Maiden Name		Mary E. Thrasher.		Mother's Birthplace		Montgomery Md.	
Name of person giving Information		Mary E. Thrasher Case.		How related to deceased		Mother.	

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary		Cotarrhus intestinalis (Subacute)		How long		2 months	
Immediate		Enteritis folliculosa.		How long		10 days.	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. S. Hall	
Address		Polomac.		Md.			
Accident or Suicida		X					



Name
in
Full

Cleveland

CERTIFICATE OF DEATH

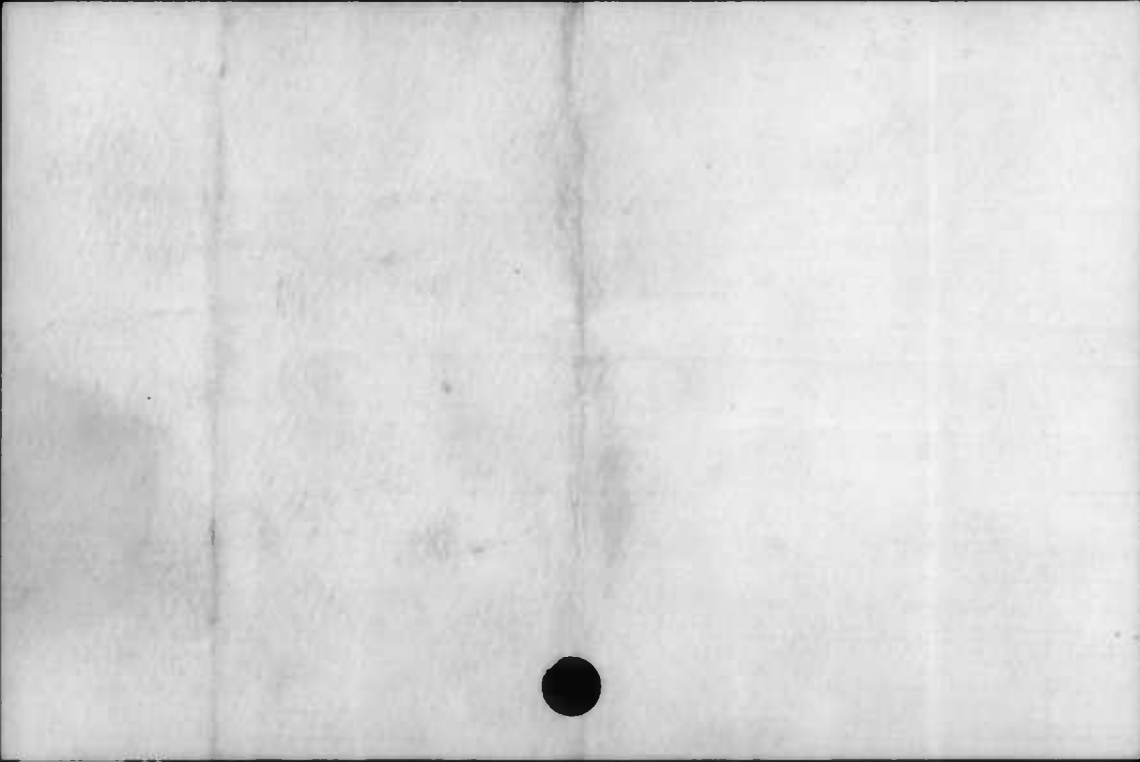
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cedar Lane</i>		Town <i>Montgomery</i>		County <i>of</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>August</i>	Day <i>15</i>	Age	Months <i>2</i>	Days		
Sex <i>Boy</i>	Color or Race <i>Coloured</i>		Birthplace <i>Montgomery County</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>George Webster Cleveland</i>			Father's Birthplace <i>Front Royal</i>				
Mother's Maiden Name <i>Ella Jackson</i>			Mother's Birthplace <i>Louda County Va</i>				
Name of person giving information <i>George Webster Cleveland</i>			How related to deceased <i>Father</i>				

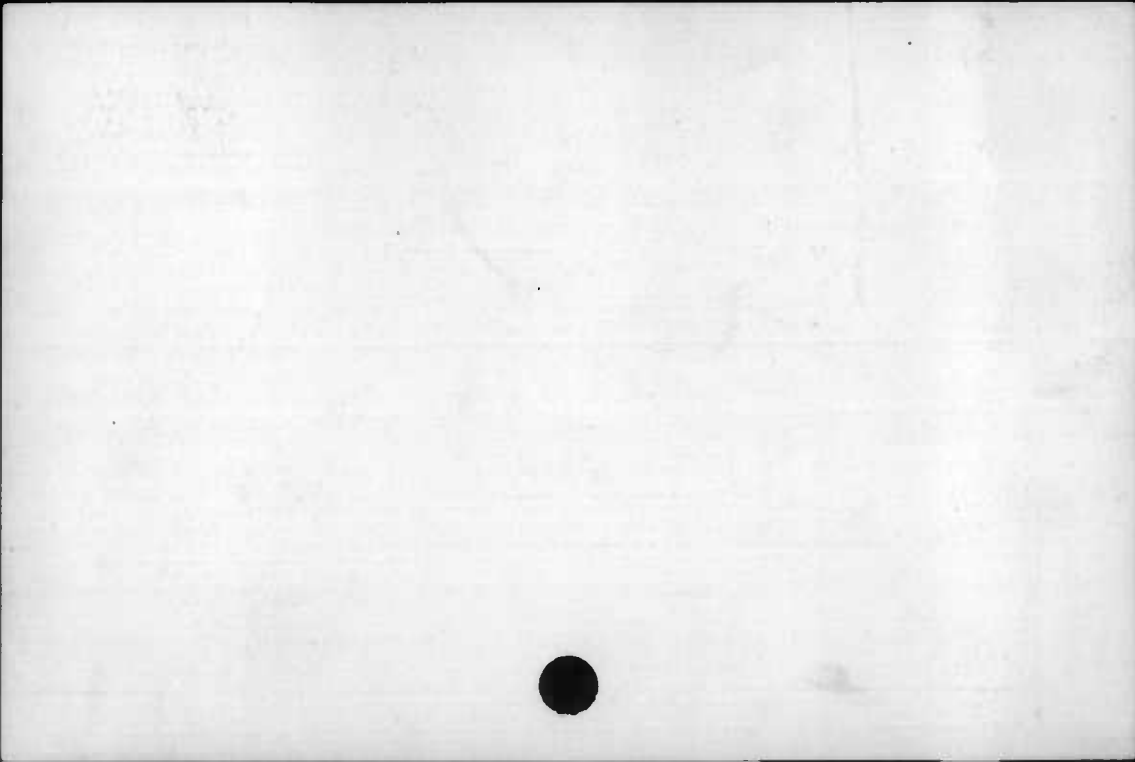
CAUSES OF DEATH

*James H Loughborough J. 17*PHYSICIAN
OR CORONER

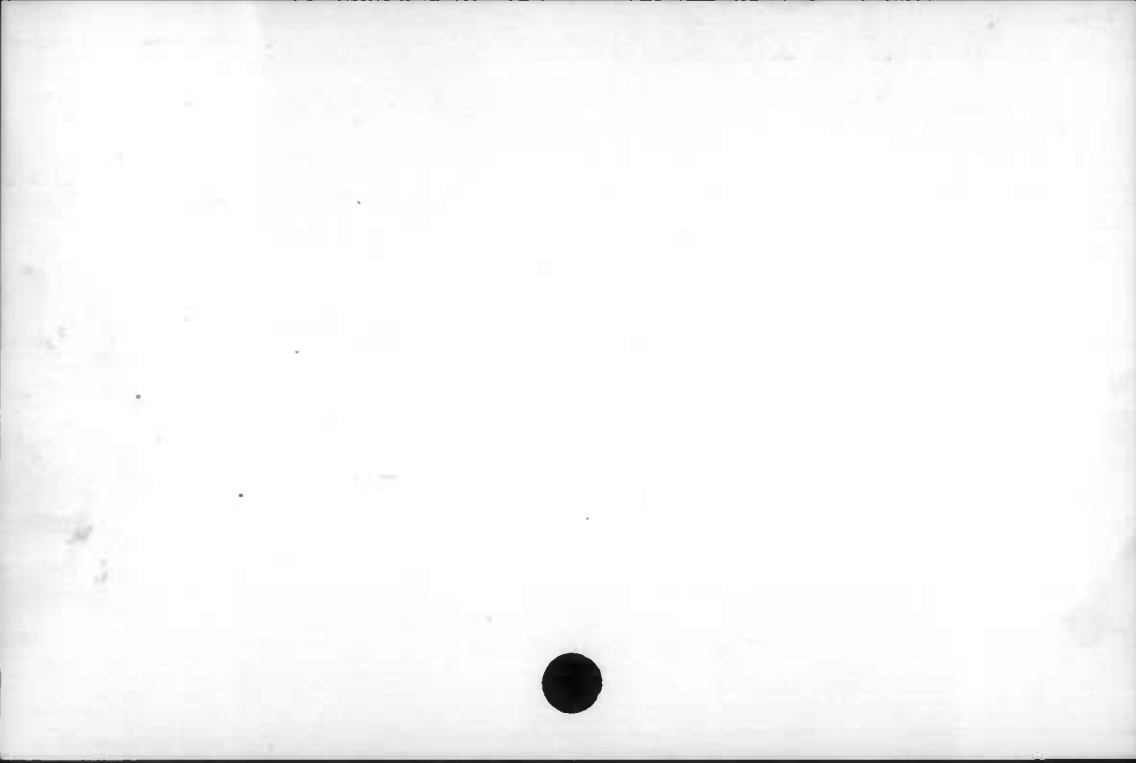
Primary <i>Don't know</i>	How long <i>71</i>
Immediate <i>Convulsions</i>	How long <i>Several hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. H. Munnar H.O.</i>
<i>No physician was present at the birth of this child.</i>	Address <i>Rockville</i>
Accident or Suicide? <i>Father gave the information. E. H. Munnar</i>	



Name in Full		Philip Connell				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	near Rockville		Montgomery		MARYLAND		
	Date of death	1909	Month 8	Day 20	Age 76	Months	Days	
	Sex	Male		Color or Race	White		Birth-place	Maryland
	Occupation	Labour			Where Residing if not at place of death			X
	Married, Single or Widowed	Single		Name of Wife or Husband		X		
	Father's Name	James Connell			Father's Birthplace			Maryland
	Mother's Maiden Name	Nancy Turner			Mother's Birthplace			Maryland
	Name of person giving information	Ladoc Barnes			How related to deceased			Brother-in-law
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Tuberculosis				How long	Three years	
	Immediate	Exhaustion				How long	2 months	
	Are the name, age, sex, color, date and place correctly given above?				Yes			
	Signature of Physician				Edward Anderson M.D.			
	Address				Rockville, Md.			
Accident or Suicide?								



Name in Full		Certificate of Death			
James Richard Creamer		Polomac		Montgomery	
Died at		Town		County	
Date of death		1909		1909	
Date		AUG 19		1909	
Age		81		Years	
Sex		Male		Color or Race	
Occupation		Farming		Where Residing if not at place of death	
Married, Single or Widowed		Married		Name of Wife or Husband	
Father's Name		John Creamer		Father's Birthplace	
Mother's Maiden Name		Eliza Harry		Mother's Birthplace	
Name of person giving Information		Reuben Creamer		How related to deceased	
Brother		120		How long	
Unknown		How long		Four Months	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
Accident or Suicide		X		Address	
Polomac Md.		N. J. Pratt		Polomac Md.	



Name
in
Full

John Thomas. Eakin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

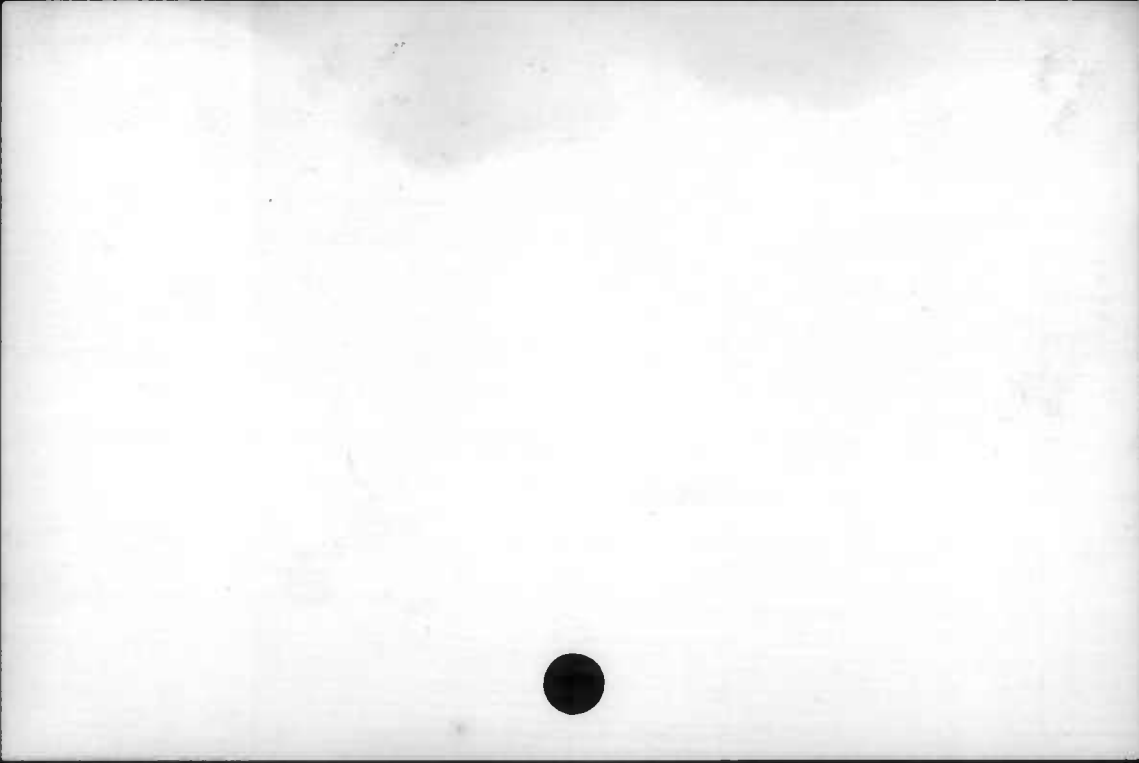
Died at		Town Propley		County Montgomery		MARYLAND	
Date of death 190		Month AUG 31		Day 1909		Age 7	
Sex Male		Color or Race White		Birth- place Montg Co Md.		Months X	
Occupation Child		Where Residing if not at place of death X		Days X			
Married, Single or Widowed Single		Name of Wife or Husband X					
Father's Name Maurice E. Eakin		Father's Birthplace Montg Co. Md.					
Mother's Maiden Name Nora Potter		Mother's Birthplace Ireland.					
Name of person giving Information Maurice E. Eakin		How related to deceased Father.					

CAUSES OF DEATH

101

PHYSICIAN
OR CORONER

Primary	Chronic Tonsillitis, Adenoids.	How long	2 years.
Immediate	Acute Tonsillitis	How long	four days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. S. Pratt	
Yps		Address Pocomac.	
Accident or Suicide X		Md.	



Name
in
Full

Mrs Alice Hatfield Evelyn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

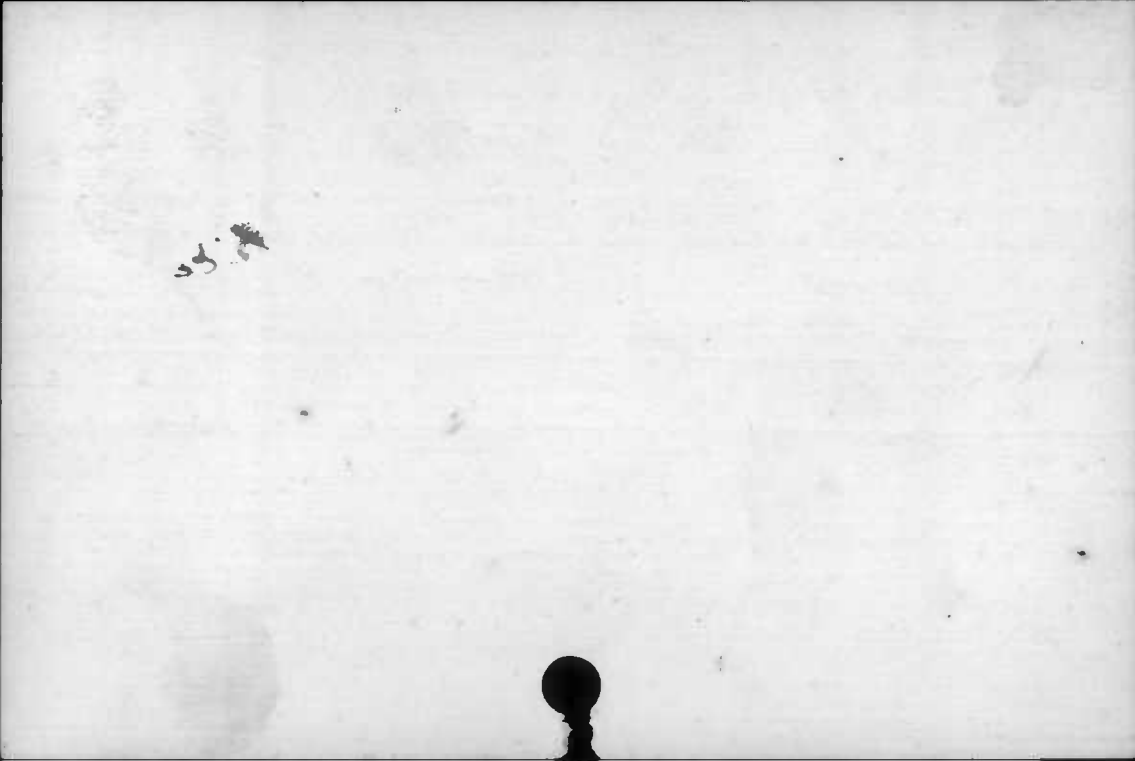
Died at <i>near Raytownville</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death <i>1909 Aug</i>		Month <i>7th</i>		Day <i>64</i>		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Carroll County</i>		Months	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>near Raytownville</i>		Days			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Washington Evelyn</i>					
Father's Name <i>Joshiah Hatfield</i>		Father's Birthplace <i>not known</i>					
Mother's Maiden Name <i>Liza Ann Gosnell</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Vivian Duval</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary	<i>Gastric Ulcer</i>	How long	<i>Six months</i>
Immediate	<i>Exhaustion</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W H Dyson</i>	
		Address <i>Raytownville</i>	
Accident or Suicide?			



Name
in
Full

Volney Edward Gaither

CERTIFICATE OF DEATH

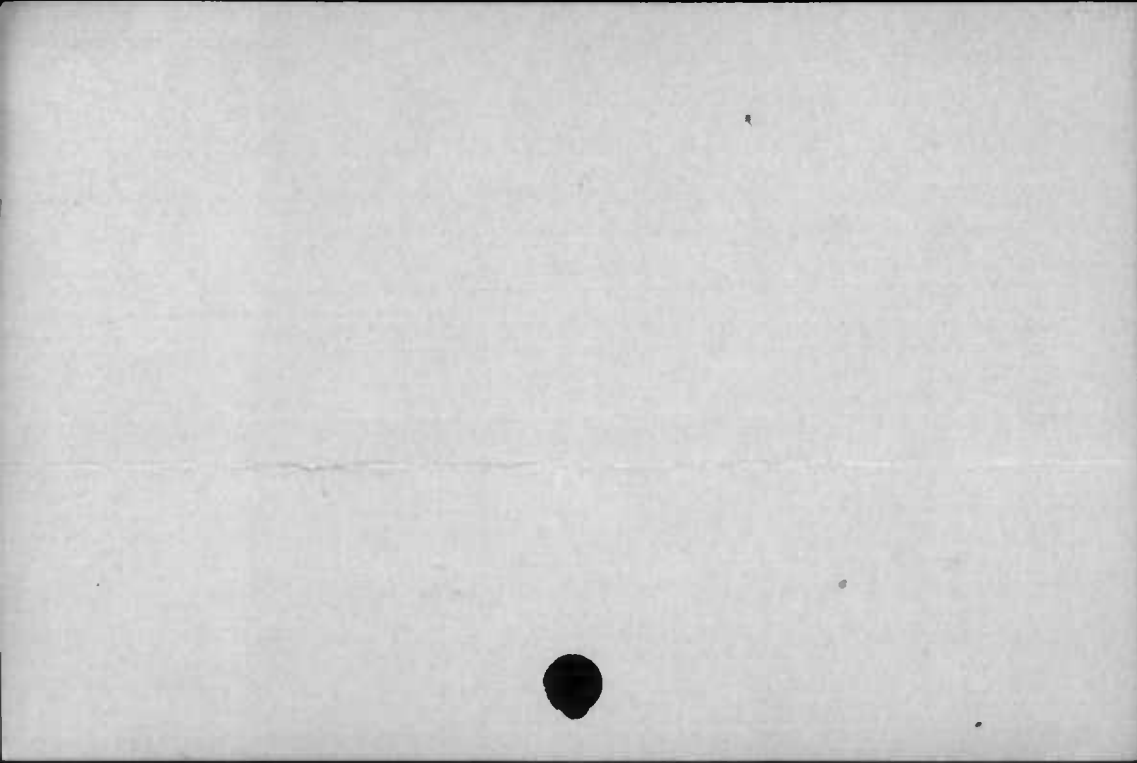
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Unity</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>Aug.</i>	Day <i>5</i>	Years <i>42</i>	Months <i>3</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Sunshine</i>		
Occupation <i>Teamster</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Emma Lee Thompson</i>			
Father's Name <i>Frederick Gaither</i>			Father's Birthplace <i>Monty. Co</i>		
Mother's Maiden Name <i>Leanna Hobbs</i>			Mother's Birthplace <i>Sunshine</i>		
Name of person giving information <i>Emma Lee Thompson Gaither</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid. Fever</i>	How long <i>3 1/2 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Aug. Stabler</i>
	Address
Accident or Suicide?	



Name
in
Full

Albert F. Gartner Jr

CERTIFICATE OF DEATH

Town

County

Died at

Dauessville

Trinity

MARYLAND

Date

of death 1909

Month

8

Day

31

Age

Years

—

Months

8

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Dauessville Md

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or WidowedName of Wife or
Huaband

—

Father's
Name

Albert F. Gartner Sr.

Father's
Birthplace

Fuller Co. Pa.

Mother's
Maiden Name

Gertrude Miller

Mother's
Birthplace

Md.

Name of person giving
Information

Albert Gartner Sr.

How related
to deceased

Father

CAUSES OF DEATH

Primary

Hypertension

How long

6 wks.

Immediate

Coma

How long

6 hrs

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

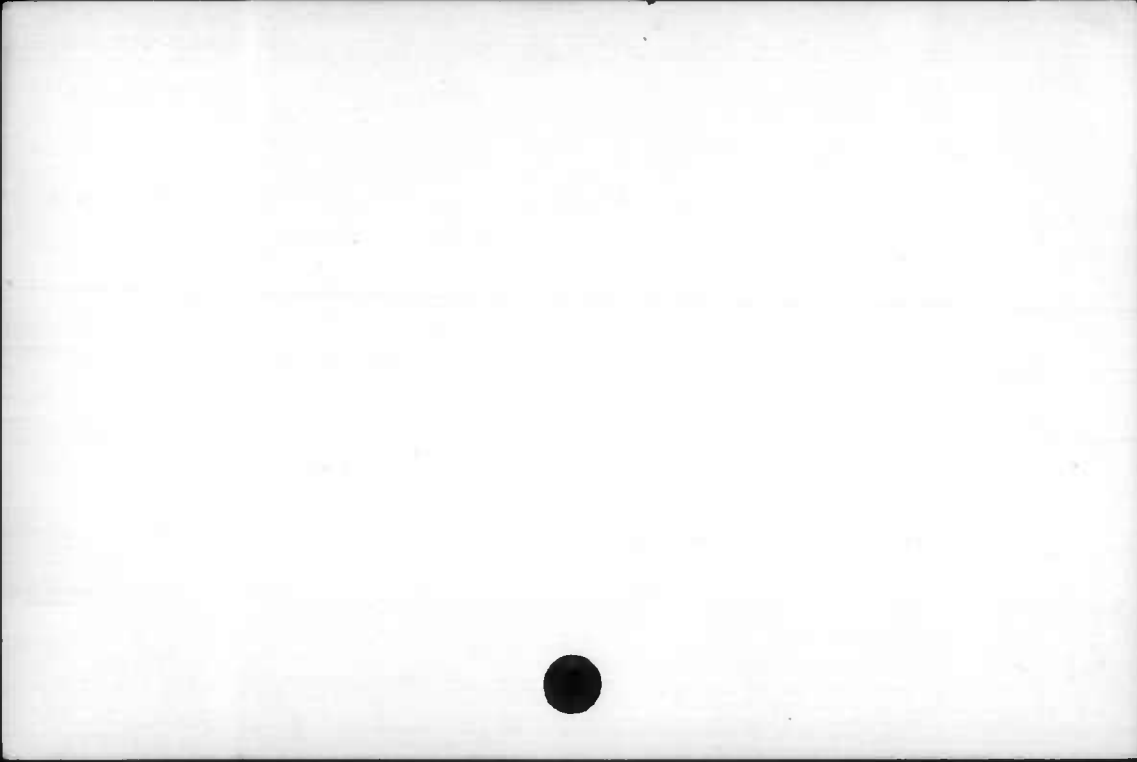
U.D. House

Address

Dauessville Md.

Attest: Coroner

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Edward C. Hackey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

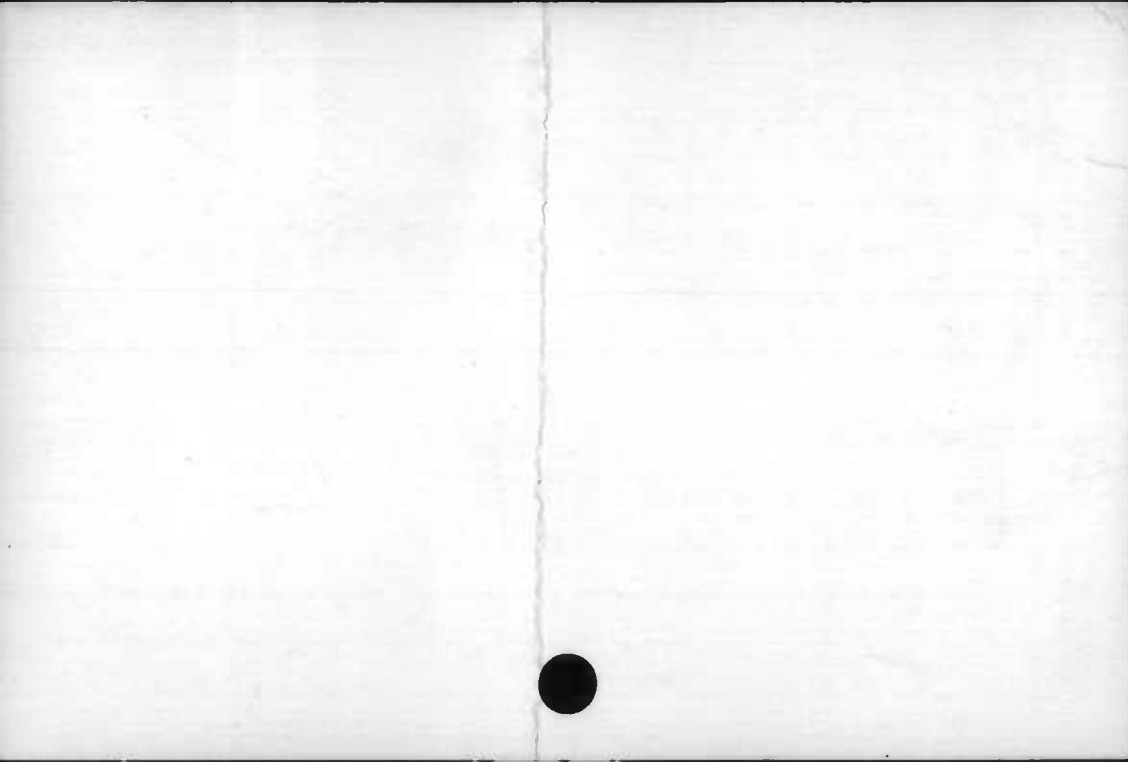
Died at <i>Clarksburg, W. Va.</i>		Town		County <i>Minerals</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>Feb.</i>	Day <i>26</i>	Age		Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Clarksburg, W. Va.</i>			
Occupation <i>House</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>William H. Hackey</i>		Father's Birthplace <i>Haggtstown, Md.</i>					
Mother's Maiden Name <i>Ida M. King</i>		Mother's Birthplace <i>Heckville, W. Va.</i>					
Name of person giving Information <i>John H. Hackey</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Entered Politics</i>	How long	<i>2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. A. Bell</i>	
		Address <i>Resided by Dr. Perry</i>	
Accident or Suicide		<i>Wm. F. Fred. Co. Md.</i>	



Name
in
Full

Unnamed, Still born Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Procharille* Town

County

*Montg*Date of death *1909 Aug* MonthDay *23*Age *—* YearsMonths *—*Days *—*Sex *Male*Color or Race *colored*Birth-place *Procharille*Occupation *None*Where Residing if not
at place of death *—*Married, Single
or Widowed *single*Name of Wife or
Husband *None*Father's Name *Wm Hall*Father's Birthplace *md*Mother's Maiden Name *Earle Browens*Mother's Birthplace *md*Name of person giving
information *Lewis Smith*How related
to deceased *not any*

CAUSES OF DEATH

Primary *Contracted from mother*How long *8*Immediate *apphia neonatorum*How long *1*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician *E W White*Address *Procharille**md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

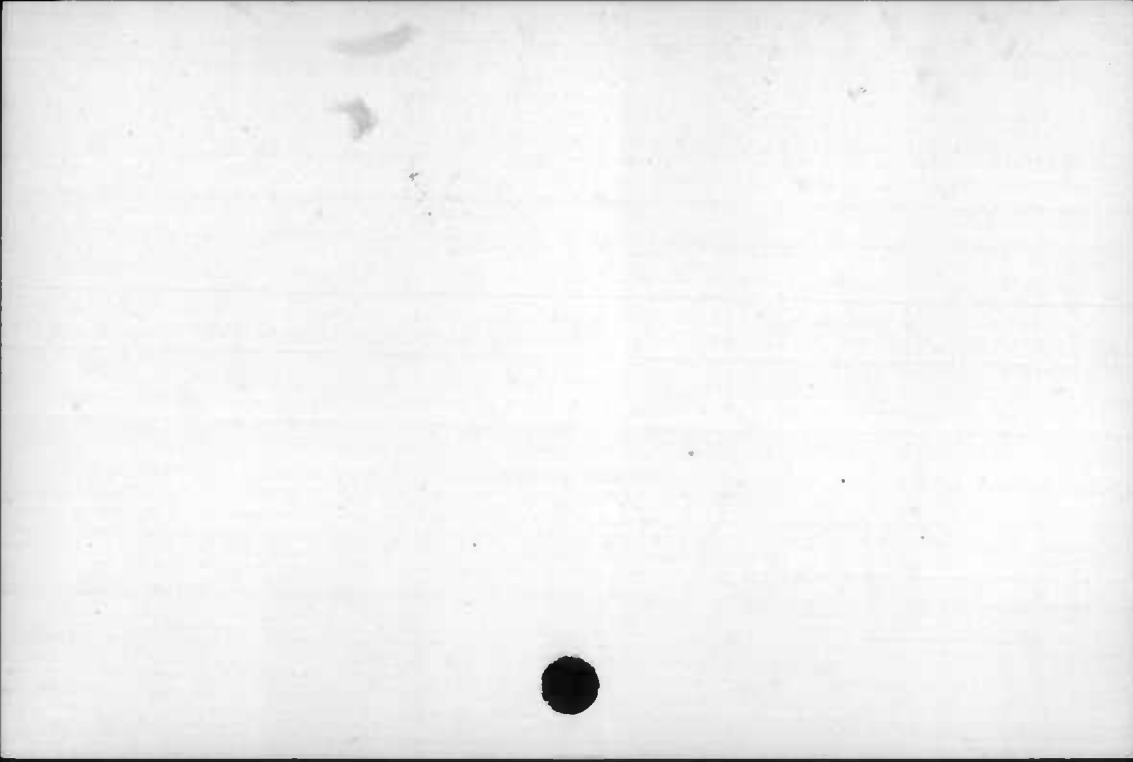
Sarah Ellen Hamilton

CERTIFICATE OF DEATH

Died at Burch Mills <small>Town</small>		Montgomery <small>County</small>		MARYLAND	
Date of death 1909	Aug. <small>Month</small>	18 <small>Day</small>	0 <small>Year</small>	6 <small>Months</small>	0 <small>Days</small>
Sex Female	Color or Race White		Birth-place Md.		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name John Hamilton			Father's Birthplace Md		
Mother's Maiden Name Marrie Lane			Mother's Birthplace "		
Name of person giving information John Hamilton			How related to deceased Father		

CAUSES OF DEATH

Primary	cholera Infantum	105 How long	24 hrs.
Immediate	Colic	How long	8 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. V. Brown	
		Address	
		Bellevue Spring Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

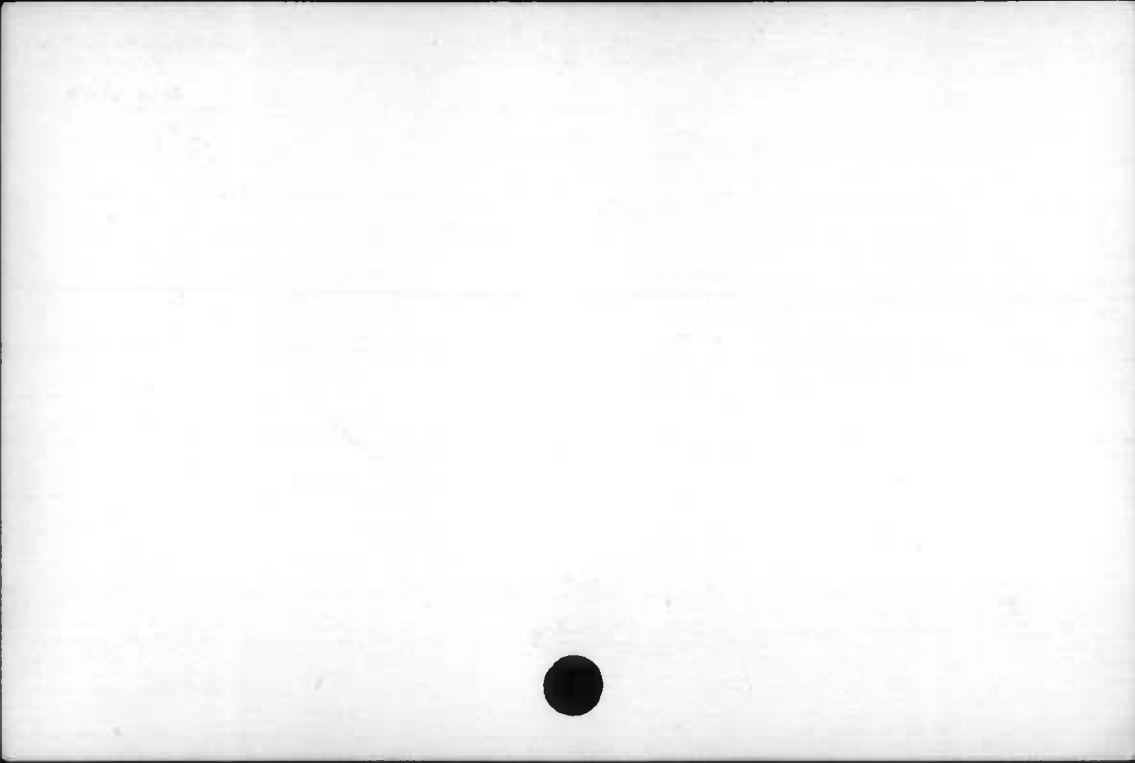
TO BE ANSWERED BY
NEAREST FRIEND

Name *Wallace Hamilton* Town *Sellman* County *Montg*
 Died at *Sellman* Month *Aug* Day *11* Years *63* Months *—* Days *—*
 Date of death *1909 Aug 11* Age *63*
 Sex *Male* Color or Race *Colored* Birthplace *MD*
 Occupation *Farm Laborer* Where Residing if not at place of death *Sellman*
 Married, Single or Widowed *Married* Name of Wife or Husband *Alice Baker*
 Father's Name *Joseph Hamilton* Father's Birthplace *MD*
 Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
 Name of person giving Information *Horace Hamilton* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Mitral Insufficiency* How long *6 months*
 Immediate *Cardiac Asthenia* How long *2 days*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *E. W. White*
 Address *Poolsville MD*
 Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

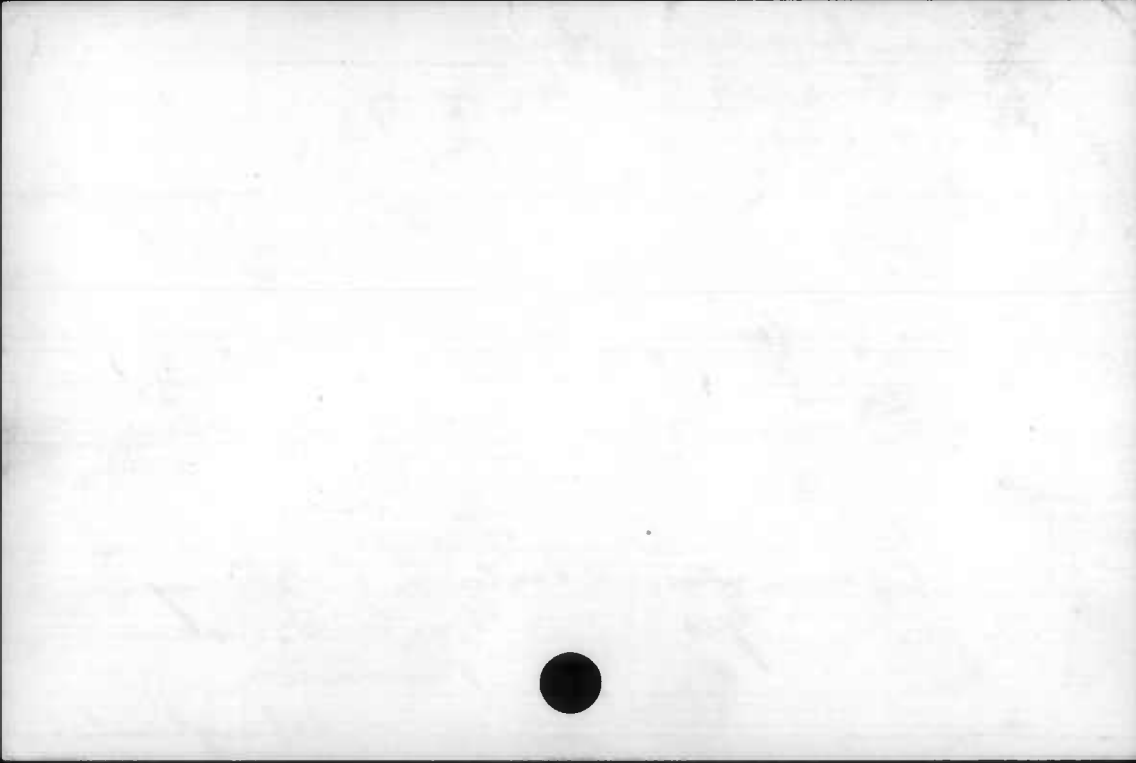
Died at <i>Gaithersburg</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	1909	Month	August	Day	25
Age	Years		Months		15 hours
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Occupation	_____		Birth-place	<i>Montgomery md</i>	
Merriad, Single or Widowed			Where Residing if not at place of death		
<i>Single</i>			<i>same</i>		
Father's Name			Father's Birthplace		
<i>Millard Arin</i>			<i>md.</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Ollie L. Snyder</i>			<i>md</i>		
Name of person giving Information			How related to deceased		
<i>Millard Arin</i>			<i>Father</i>		

CAUSES OF DEATH

151

Primary	<i>Debility</i>	How long	<i>15 hours</i>
Immediate	<i>Don't know</i>	How long	_____
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>A. J. Fadden,</i>	
Address		<i>Gaithersburg,</i>	
_____		<i>md.</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Edwin Braddock Hutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Am Brookville</i>		Town <i>Brookville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Aug.</i>	Day <i>4</i>	Age <i>1</i>	Years	Months <i>4</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Montgomery Co.</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>J. J. Hutton</i>				Father's Birthplace <i>Montgomery Co.</i>			
Mother's Maiden Name <i>Elizabeth L. Miller</i>				Mother's Birthplace <i>Monty. Co.</i>			
Name of person giving information <i>Eliza Miller Griffith</i>				How related to deceased <i>Grand mother</i>			

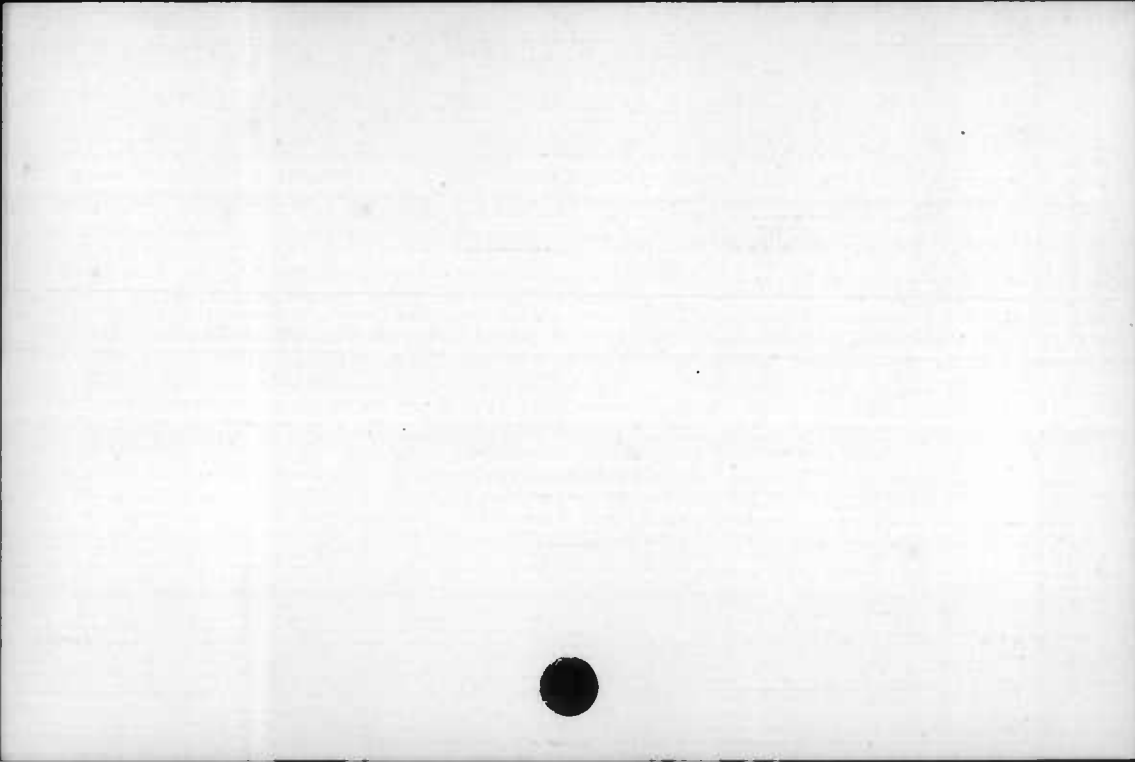
CAUSES OF DEATH

How long

104

PHYSICIAN
CORONER

Primary		How long	
Immediate <i>Acute Gastric Catarrh</i>		<i>5 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. W. F. Green</i>	
		Address <i>Brookville, Maryland.</i>	
Accident or Suicide? <i></i>			



Name
in
Full

John B. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Polomac Town		Montgomery County		MARYLAND	
Date of death 190	AUG 14 1909 Month Day	Age 1 Years	Months 5	Days X	
Sex Male	Color or Race Black	Birth- place Montg Co. Md.			
Occupation Infant	Where Reaiding if not et place of death X				
Married, Single or Widowed Single	Name of Wife or Huaband X				
Father's Name William Johnson	Father's Birthplace Montg Co. Md.				
Mother's Maiden Nama Dora Proctor	Mother's Birthplace Montg Co. Md.				
Name of person giving Information William Johnson	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis	How long Unknown
Immediate Pott's Disease	How long Two months
Are the name, age, sex, color, date and plac a correctly given above? Yps	Signature of Physician None in attendance
Accident or Suicide X	Address Reported by W. S. Pratt Polomac, Md.



Name
in
Full

Octavia Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *near Mullins P. O. Md.* County *Montgomery* **MARYLAND**

Died *near Mullins P. O. Md.*

Date of death *1909* Month *Aug.* Day *1st* Age *66* Years Months Days

Sex *Female* Color or Race *White* Birthplace *Fauquier Co., Va*

Occupation *Housewife* Where Residing if not at place of death *-*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Smith Johnson*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Mrs. Kate Stratton* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

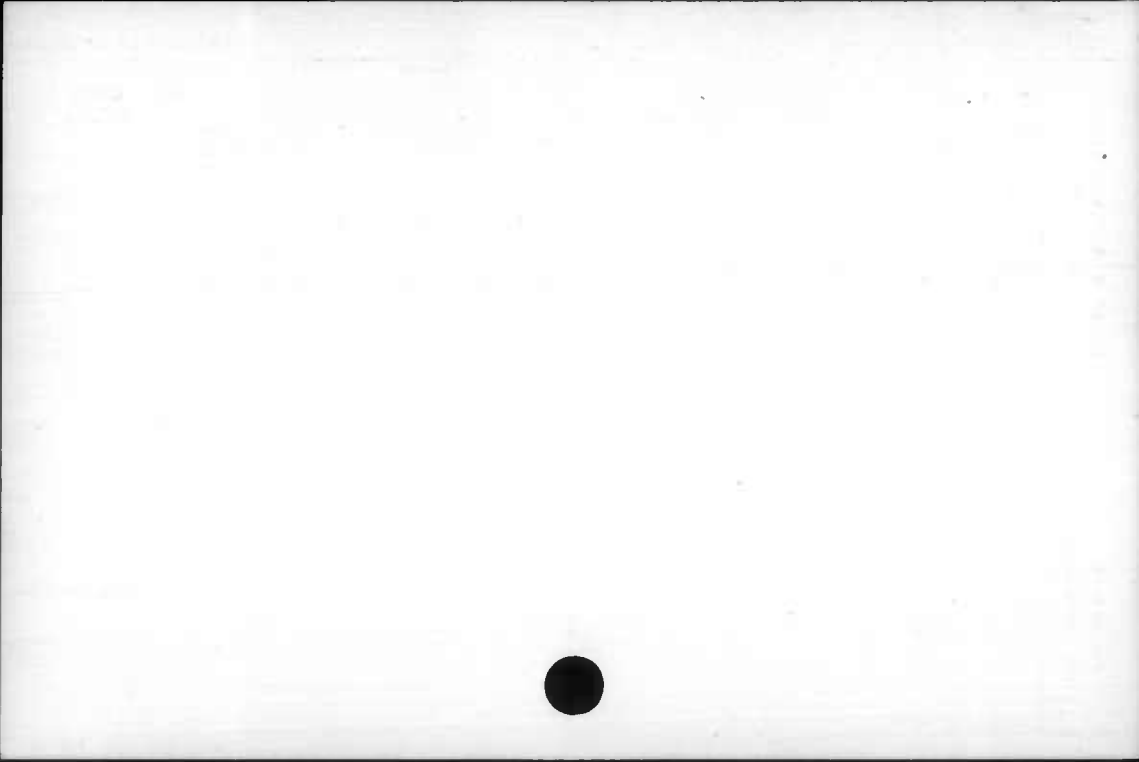
Primary *Valvular Heart Disease (mitral stenosis)* How long *Unknown*

Immediate *Unknown* How long *-*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm. M. Bayer* Address *Damascus Md.*

Accident or Suicide



Name
in
Full

Raymond H. Keeney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

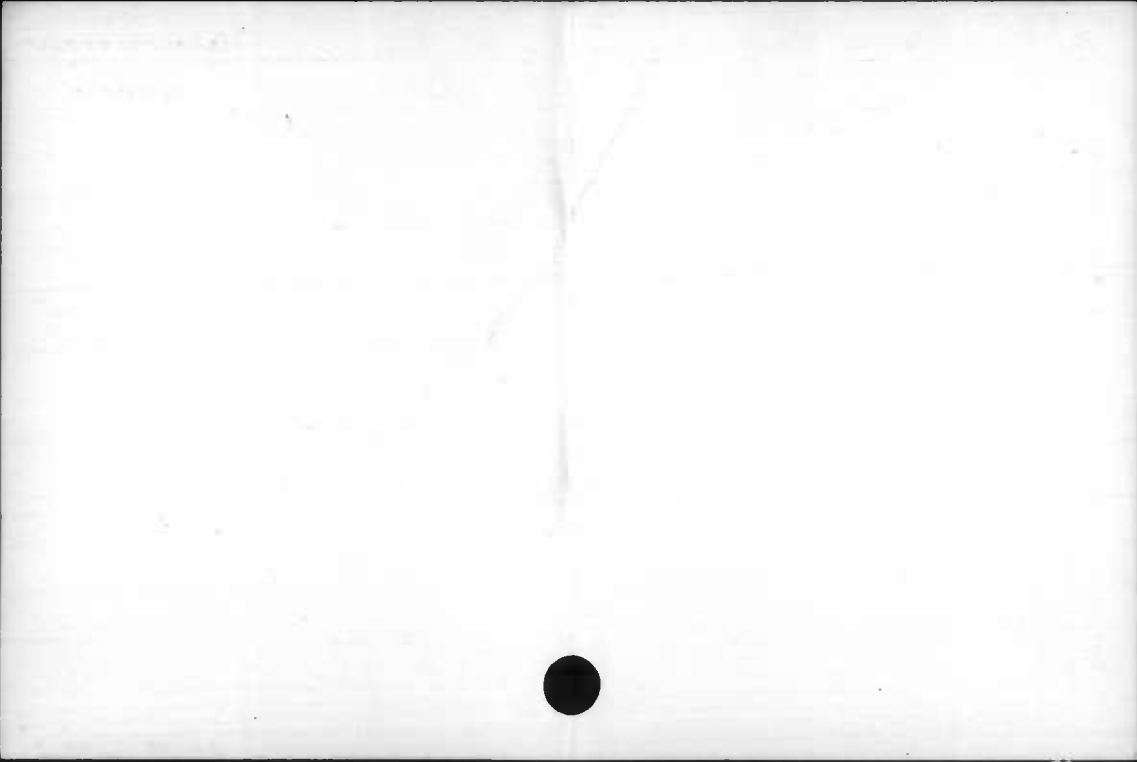
Died at <u>Cornus</u>		Town		County		MARYLAND	
Date of death	1909	Month	Aug	Day	14	Age	8
Sex	Male	Color or Race	White	Birthplace	Cornus Md	Months	8
Occupation	Home			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Had Keeney		Father's Birthplace		Unknown	
Mother's Maiden Name		Mary Keeney		Mother's Birthplace		Unknown	
Name of person giving Information		Had Keeney		How related to deceased		Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	24 hours
Immediate	"	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Taylor E. Darby	
		Address	
		Barnesville, Md	
Accident or Suicide			



Name
in
Full

Samuel Ridenour Fest

CERTIFICATE OF DEATH

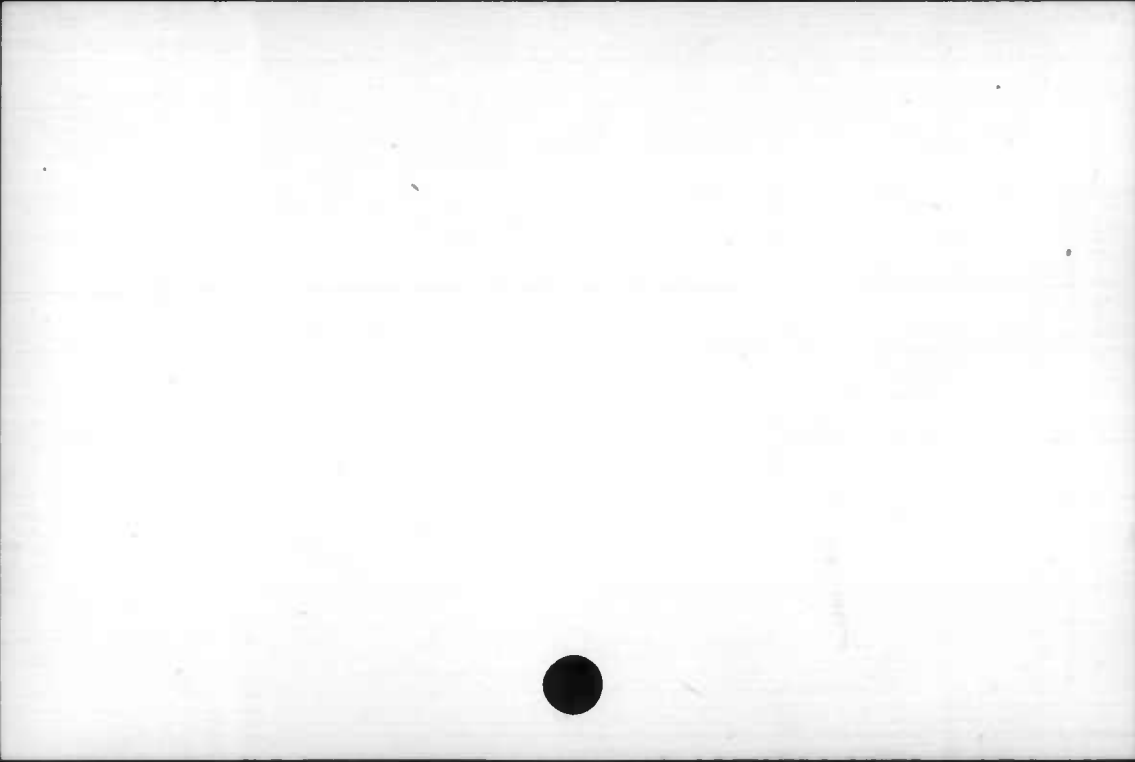
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Potomac</i>		County <i>Montg</i>		MARYLAND	
Date of death 190 <i>AUG 18</i> 1909		Age <i>X</i>		Months <i>3</i>	Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth- place <i>Montg Co. Md.</i>			
Occupation <i>Dr. Jester</i>		Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>X</i>	Name of Wife or Husband <i>X</i>		Father's Birthplace <i>Potomac Co. Md.</i>		
Father's Name <i>Daniel C. Iffort</i>	Mother's Maiden Name <i>Annie M. Ridenour</i>		Mother's Birthplace <i>Potomac Co. Md.</i>		
Name of person giving Information			How related to deceased <i>105</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Probably Gastro-Enteritis</i>	How long <i>Unknown</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>None in attendance.</i>
Accident or Suicida <i>X</i>	Address <i>Reported by W. J. Pratt Potomac, Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Mary Loya Town Beallsville County Montz

Died at Beallsville Maryland

Date of death 1909 8 Month 20 Day 3 Months 27 Days

Sex Female Color or Race White Birthplace Beallsville Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Albert Loya Father's Birthplace Fredk Co

Mother's Maiden Name Lella Pople Mother's Birthplace La.

Name of person giving Information Father Albert Loya How related to deceased (105)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Enteritis How long 1 wk

Immediate Coma. How long 1 da

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician U. D. Nourse

Address —

Accident or Suicide —



Name
in
Full

Swan Olaf Magnusson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Washington Grove		County Montgomery		MARYLAND	
Date of death	1909	Month August	Day 18	Age 30	Months 1	Days 2	
Sex M	Color or Race White			Birth- place Sweden			
Occupation Janitor	Where Residing if not at place of death Washington D.C.						
Married, Single or Widowed Single	Name of Wife or Husband Unknown						
Father's Name Magnus Johnson	Father's Birthplace Sweden						
Mother's Maiden Name Augusta	Mother's Birthplace Sweden						
Name of person giving Information Mrs. Magnusson	How related to deceased Wife						

CAUSES OF DEATH

Primary	Pulmonary tuberculosis	How long Indefinite
Immediate	Pulmonary tuberculosis	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician John H. Lindsey
Accident or Suicide	No	Address Statenum Sanatorium Washington Grove Maryland

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Wesley Moxley

Died at *Damascus* TownCounty *Montgomery*

MARYLAND

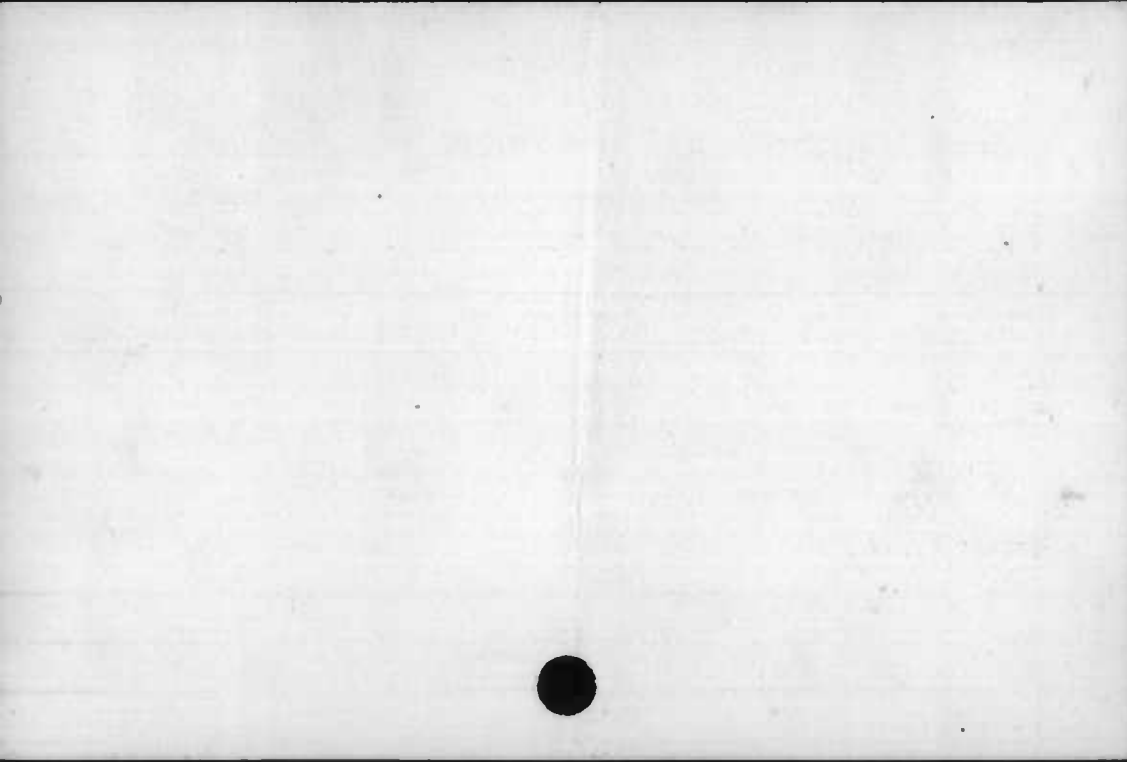
Date of death 1909 Aug 4 Age 77 Months 10 Days 4

Sex *Male* Color or Race *White Am* Birth-place *Montg Co*Occupation *Retired* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *Jedea Moxley*Father's Name *Charles Moxley*Father's Birthplace *Fredricksburg Ind*Mother's Maiden Name *Lillian Johnson*Mother's Birthplace *Fredricksburg Ind*Name of person giving information *Chas W Moxley*How related to deceased *Son*

CAUSES OF DEATH

120

Primary *Chronic Bronchopneumonia, Influenza*How long *3 years*Immediate *Memoria*How long *50 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *R. C. Frost*Address *Monrovia*Accident or Suicide? *—**R. C. Frost*



Name
in
Full

Mary Jett Musser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at ^{Town} Germantown ^{County} Montg - MARYLAND

Date of death 1909 ^{Month} August ^{Day} 16 ^{Age} 10 ^{Months} 7 ^{Days} 10

Sex Female ^{Color or Race} white ^{Birth-place} Montg. Co. Md.

Occupation _____ ^{Where Residing if not at place of death} Same

Married, Single or Widowed Single ^{Name of Wife or Husband} _____

Father's Name Wm J. Musser ^{Father's Birthplace} Montg. Co. Md.

Mother's Maiden Name Mary Jett Fairfax ^{Mother's Birthplace} Virginia

Name of person giving Information Mrs Hawkins ^{How related to deceased} Sister

CAUSES OF DEATH

74

Primary Hydrocephalus ^{How long} 8 years,

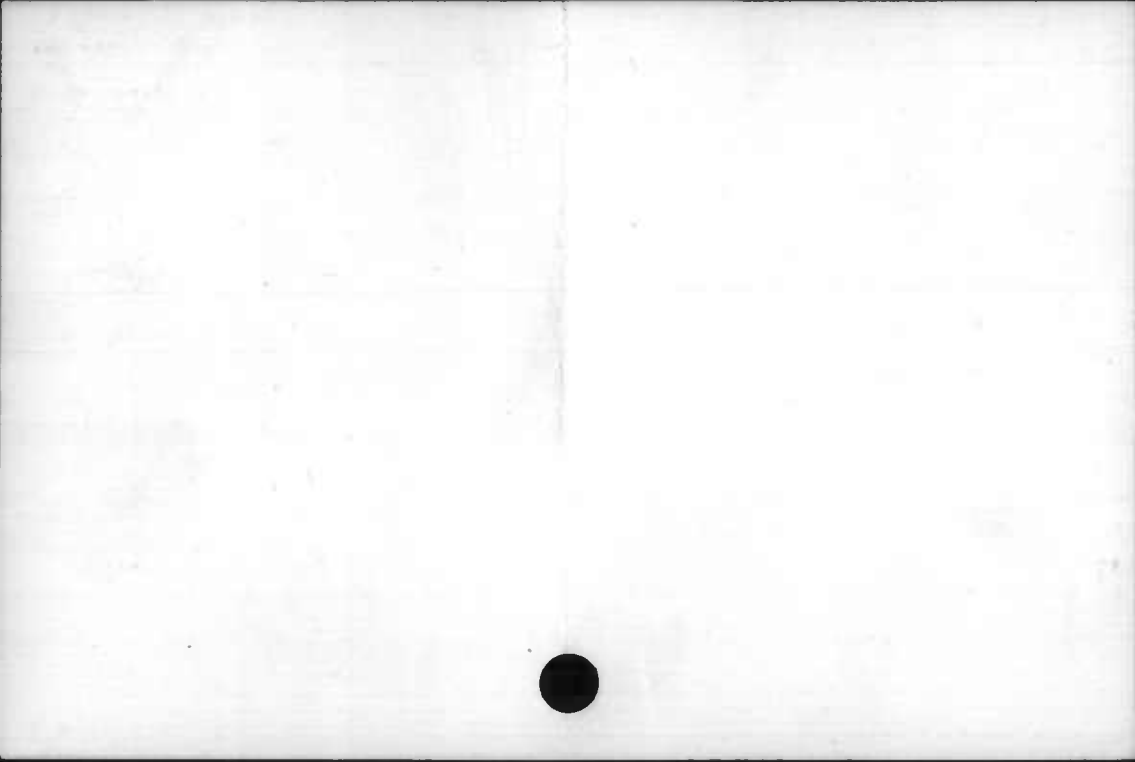
Immediate Meningitis, Convulsions - Exhaustion ^{How long} 7 weeks,


Are the name, age, sex, color, date and place correctly given above? yes ^{Signature of Physician} H. B. Hadlock

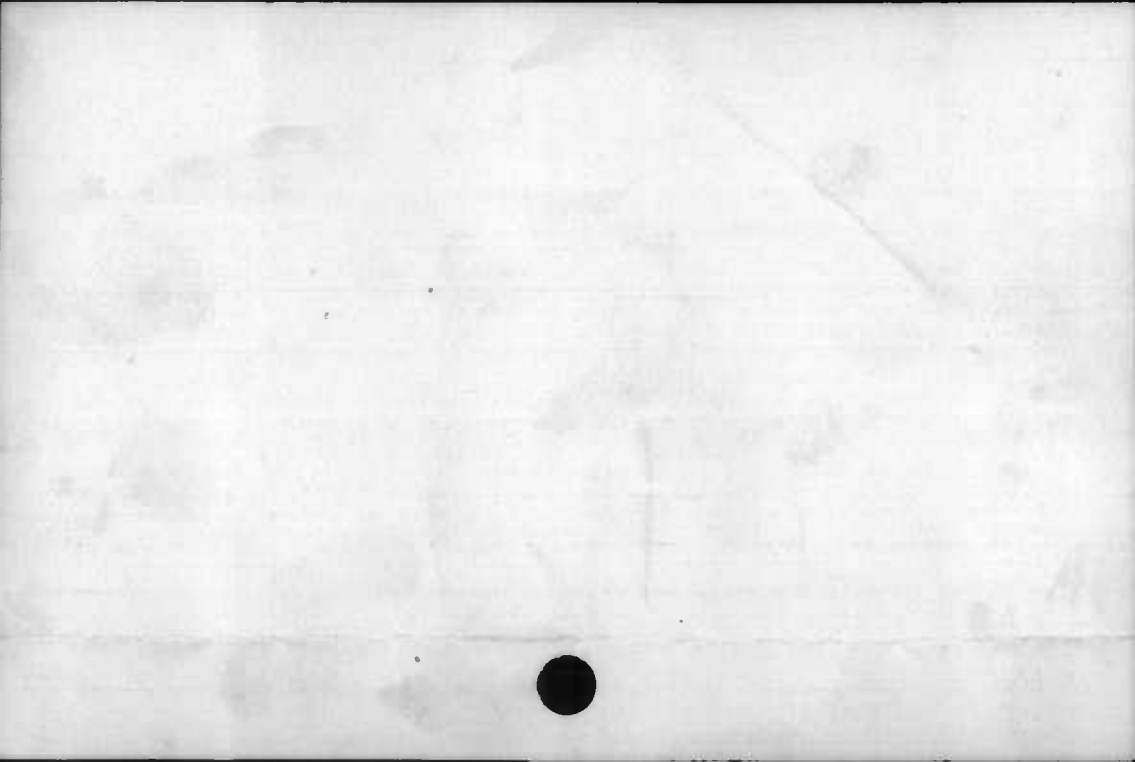
^{Address} Gaithersburg
Maryland

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full		Seder				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Lincoln Park		Montgomery		MARYLAND			
	Date of death	1909	Month 8	Day 8	Age	Years	Months	Days	
	Sex	Male		Color or Race	Caucasian		Birth-place	Ind	
	Occupation	—			Where Residing if not at place of death		—		
	Married, Single or Widowed	—		Name of Wife or Husband		—			
	Father's Name	Henry Seder				Father's Birthplace	D.F.		
	Mother's Maiden Name	Adeline Butler				Mother's Birthplace	Ind		
Name of person giving information	Henry Butler				How related to deceased	Uncle			
<div style="border: 1px solid black; padding: 5px; display: inline-block;">CAUSES OF DEATH</div> <div style="margin-left: 20px;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 10px;">8</div> <div style="margin-left: 10px;">X</div> </div>									
PHYSICIAN OR CORONER	Primary	Stillborn				How long	X		
	Immediate					How long	X		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				
					Address				
Accident or Suicide?				<div style="text-align: right;">  <div style="margin-left: 20px;"> O. M. Litchman Rockville Ind </div> </div>					



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDDied at *William Joseph Spriggs*
Brimkload *Montg.*
Town CountyDate of death *1909 Aug. 14* Age *18*
Month Day Year Months Days
5 *14*Sex *Male* Color or Race *Negro* Birth-place *Brighton*Occupation *Laborer* Where Residing if not at place of death~~Married, Single~~
~~or Widowed~~ Name of Wife or HusbandFather's Name *Jeremiah Spriggs*Father's Birthplace *Sunshine*Mother's Maiden Name *Susan Lewis*Mother's Birthplace *Brighton*Name of person giving Information *Jeremiah Spriggs*How related to deceased *Father*

CAUSES OF DEATH

Primary *Tuberculosis, pulmonary* How long *27* *9 months*
Heart Failure How long *2 days*Immediate
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Augo Stabler

Accident or Suicide

PHYSICIAN
OR CORNER

77



Name
in
Full

Amanda G. Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

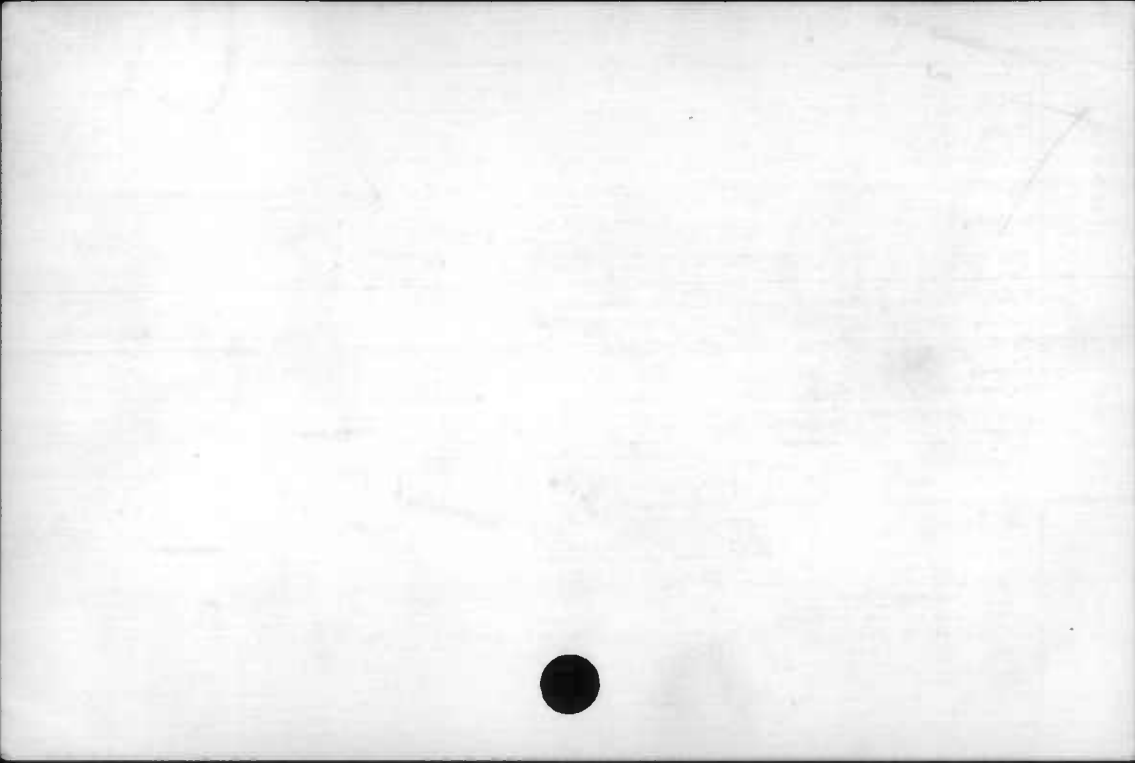
Died at <i>Gaithersburg</i> ^{Town}		<i>Montg.</i> ^{County}		MARYLAND	
Date of death	1909	Month	August	Day	17
Age	65	Years		Months	8
Sex	Female	Color or Race	white	Birth-place	Montg Co Md.
Occupation	Housewife		Where Residing if not at place of death	Same	
Married, Single or Widowed	married		Name of Wife or Husband	J. Wesley Walker	
Father's Name	Elijah Thompson		Father's Birthplace	Kentland	
Mother's Maiden Name	Elizabeth Ricketts		Mother's Birthplace	Kentland	
Name of person giving Information	J. W. Walker		How related to deceased	Husband	

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary	Carcinoma of Breast	How long	2 years 6 mo.
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. B. Hadley
		Address	Gaithersburg Md.
Accident or Suicide			



Name
in
Full

Susan E. Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Findlay Town Montz County MARYLAND

Date of death 1909 Aug Month 12 Day 27 Age — Years — Months — Days

Sex Female Color or Race Negro Birth-place MD

Occupation None Where Residing if not at place of death same

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Isaac H Wallace Father's Birthplace MD

Mother's Maiden Name Nena Vada Thomas Mother's Birthplace MD

Name of person giving Information Isaac H Wallace How related to deceased Sister

CAUSES OF DEATH

Primary Premature birth 151 How long —

Immediate Malaria How long 27 days

Are the name, age, sex, color, date and place correctly given above? yes

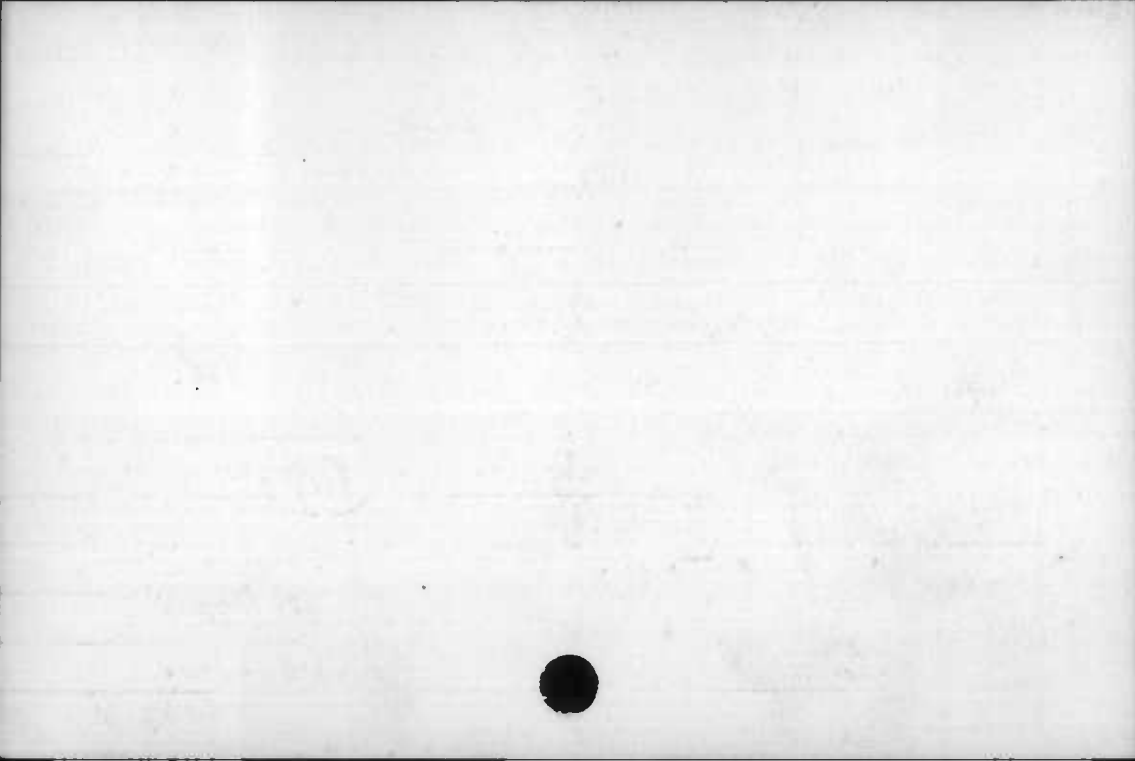
Signature of Physician W. L. Lewis M.D.
Address Kennedy MD

Accident or Suicide No

PHYSICIAN
OR CORONER



Name in Full		Wm. Carlton Harrick				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Wash Grove		Montgomery		MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		1909		Aug	31		9	13
		Sex		Color or Race		Birth-place		
Male		Colored		Wash DC				
Occupation		Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband						
Father's Name		Alex Harrick				Father's Birthplace		
Mother's Maiden Name		Mary Brackson				Mother's Birthplace		
Name of person giving information		Arg Brackson				How related to deceased		
						Grandmother		
		CAUSES OF DEATH				(55)		
PHYSICIAN OR CORONER		Primary		Auto - Intoxication		How long		
						2 Weeks		
		Immediate		Exhaustion		How long		
						2 days		
		Are the name, age, sex, color, date and place correctly given above?		ye		Signature of Physician		E. C. Elchison
				Address		Gaithersburg Md		
Accident or Suicide?								



Name
in
Full

Perry L. Hattkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

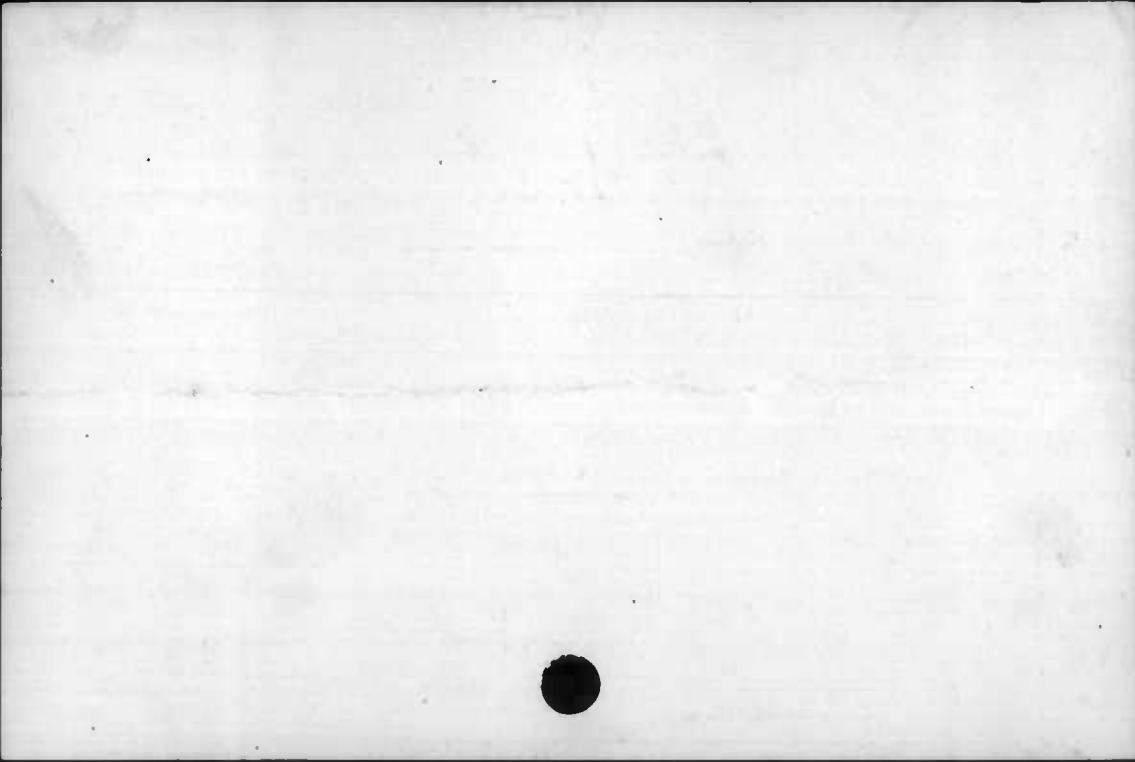
Died at <i>Louisville</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	1909	Month	Aug	Day	8th
Age	83	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Mc
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband <i>Eveline Hattkins</i>		
Father's Name	<i>Jeremiah Hattkins</i>		Father's Birthplace <i>Mc</i>		
Mother's Maiden Name	<i>Wentworth</i>		Mother's Birthplace <i>Mc</i>		
Name of person giving information	<i>Eveline Hattkins</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senile debility</i>	How long	<i>3 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 wk</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>R. E. Feist</i>
		Address	<i>Monrovia Ind.</i>
Accident or Suicide?			



Name
in
Full

John H Hilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

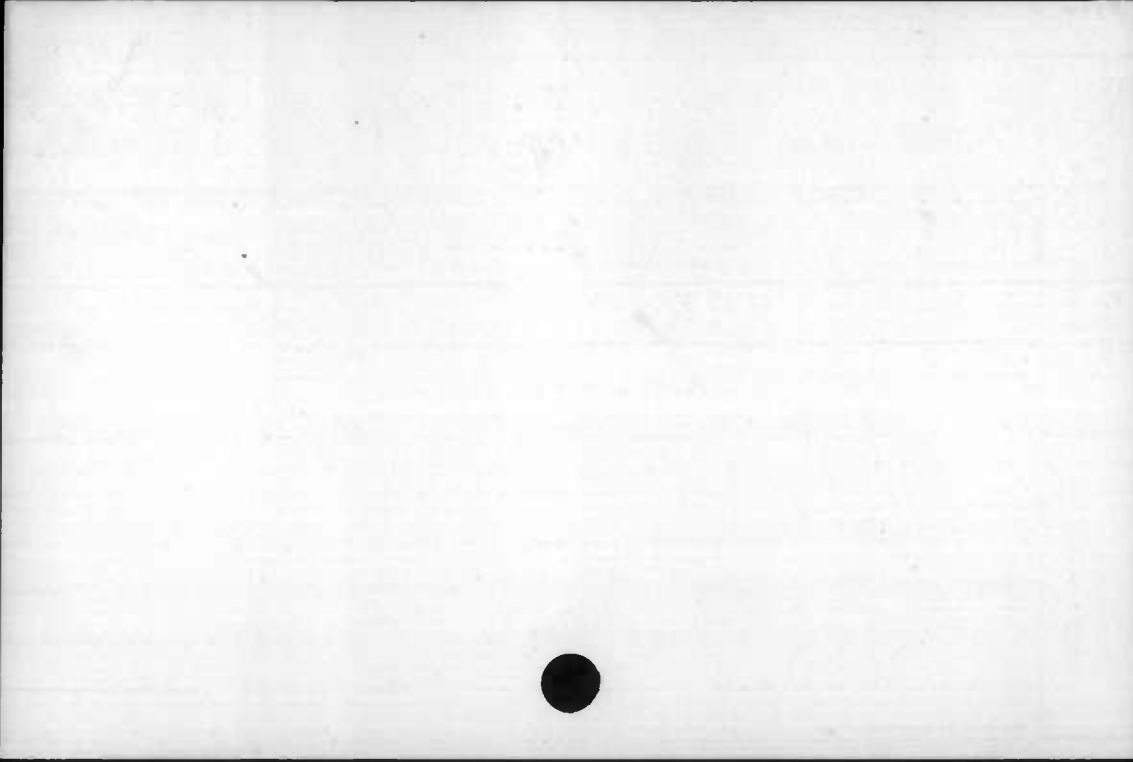
Died at		Town <i>Hochum</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1909	Month <i>Aug</i>	Day <i>17</i>	Age	Years <i>46</i>	Months	Days
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Farm work</i>			Where Residing if not at place of death —			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Victoria Hall</i>				
Father's Name	<i>James Hilson</i>					Father's Birthplace	<i>Not known</i>
Mother's Maiden Name	<i>Harriet Johnson</i>					Mother's Birthplace	" "
Name of person giving information	<i>William Hall</i>					How related to deceased	<i>Father in law</i>

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary	<i>Cirrhosis of Liver</i>	How long	<i>1 yr 4 mon</i>
Immediate	<i>Exhaustion from Gastro Intestinal Catarrh</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>W H Syron M.D.</i>	
		Address	
		<i>Laytonville Md</i>	
Accident or Suicide?			



Name
in
Full

Ethel Cecilia Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

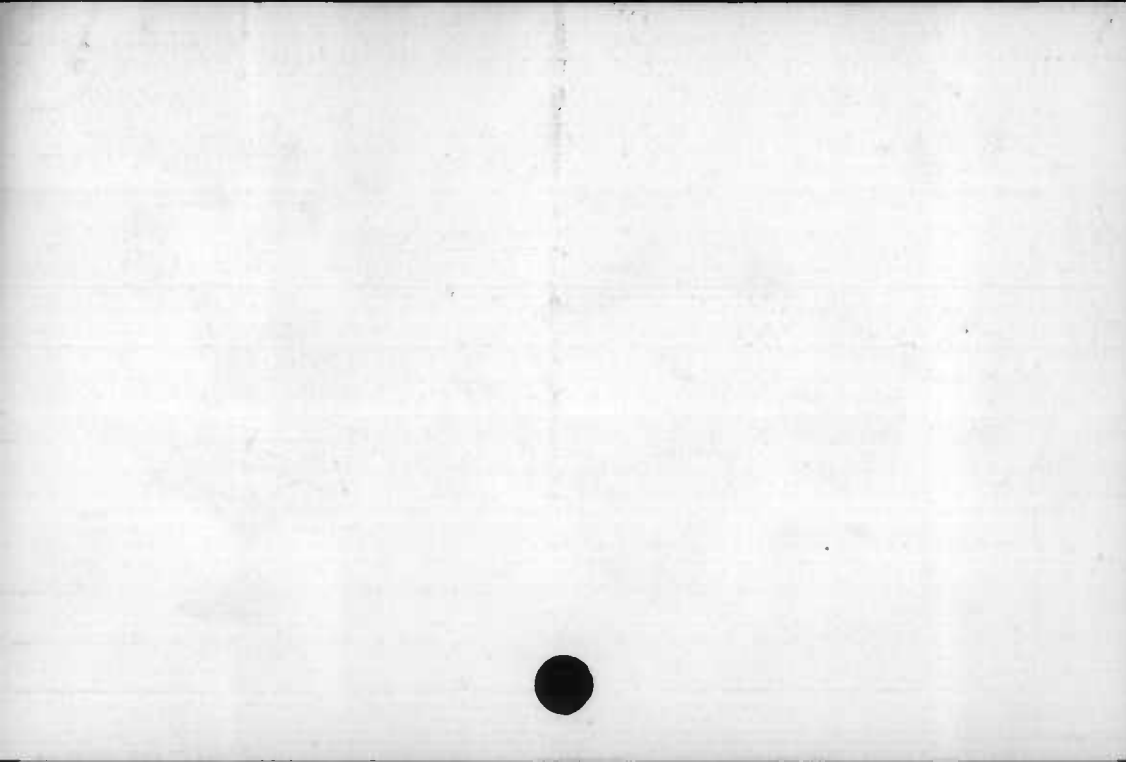
Died at <i>near Elchim</i>			County <i>Montgomery</i>			MARYLAND	
Date of death <i>1909</i>	Month <i>Aug</i>	Day <i>22</i>	Age	Years	Months <i>16</i>	Days <i>23</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Montgomery Co</i>			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>James Ephraim Wright</i>			Father's Birthplace <i>Fredrick Co</i>				
Mother's Maiden Name <i>Vinnie Rosina Wolfe</i>			Mother's Birthplace " "				
Name of person giving information <i>Joanna E Wright</i>			How related to deceased <i>Grand Mother</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Dis Colitis</i>	How long <i>4 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W H Dyson M.D.</i>
	Address <i>Raytownville, Montgomery Co</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		9	10	Unknown	Unknown	Unknown	
Sex	Male	Color or Race	White	Birth-place	Unknown		
Occupation	Unknown			Where Residing if not at place of death	Unknown		
Married, Single or Widowed	Unknown			Name of Wife or Husband	Unknown		
Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown		
Name of person giving Information	Suggest			How related to deceased	Unknown		

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide	

